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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total No. of Pages in this Submission: 15

Application Number	10/526,003	
Confirmation Number	9610	
Filing Date	w/effective filing date of August 26, 2003	
First Named Inventor	Helmut SEIDLITZ et al.	
Group Art Unit	1724	
Examiner Name	Joseph W. DRODGE	Fax: (571) 273-8300

Attorney Docket Number HAFTOM P02AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form . . . . . [2] <input checked="" type="checkbox"/> Fee attached - Check \$810	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> Postcard Deposit Account Statement . . . [1]
<input type="checkbox"/> Response . . . . . [8] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> RCE . . . . . [1]	
<input type="checkbox"/> Extension of Time Request . . . . [2] <i>(in Duplicate)</i> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature	
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Date	November 10, 2008
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## CERTIFICATE OF TRANSMISSION/MAILING

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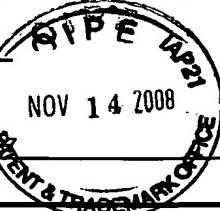
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.18

TOTAL AMOUNT OF PAYMENT: \$810

**Complete if Known**Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/526,003  
w/effective filing date 08/26/03  
Helmut SEIDLITZ et al.  
Joseph W. DRODGE  
1724

Attorney Docket No.

HAFTOM P02AUS

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
		\$52/\$26	=		

Indep. Claims -3 or HP +	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
		\$220/\$110	=		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$)	Fee Paid (\$)
			\$270/\$135	=

**4. OTHER FEE(S)**

Request for Continued Examination (LARGE) ..... \$810

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018 Date: November 10, 2008



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**Requested Statement Month:** October 2008  
**Deposit Account Number:** 040213  
**Name:** DAVIS & BUJOLD P.L.L.C.  
**Attention:** TRACY A. CLARK/ SALLY RAVANELLE  
**Street Address 1:** 112 PLEASANT STREET  
**Street Address 2:**  
**City:** CONCORD  
**State:** NH  
**Zip:** 03301  
**Country:** UNITED STATES

DATE SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
10/06 1	10490396	RTICA P03AUS	2201	\$315.00	\$3,442.00
10/06 2	10490396	RTICA P03AUS	2202	\$50.00	\$3,392.00
10/06 177	29299169		9204	-\$405.00	\$3,797.00
10/07 23	10533108	LORWER P37AUS	2251	\$18.00	\$3,779.00
10/07 104	10947882		9204	-\$30.00	\$3,809.00
10/08 1	10591223	COLGRA P68AUS	2201	\$105.00	\$3,704.00
10/08 2	10591223	COLGRA P68AUS	2202	\$25.00	\$3,679.00
10/08 25	12226076	ZF P167US	1642	\$50.00	\$3,629.00
10/09 49	12287217	ZF P1168US	1311	\$60.00	\$3,569.00
→10/10 1	10526003	HAFTOM P02AUS	1253	\$1,020.00	\$2,549.00 →
10/10 2	10574725	ZAHFRI P844US	1806	\$180.00	\$2,369.00
10/10 76	10621706	THOLAM P205US	1251	-\$120.00	\$2,489.00
10/20 4	11213669	COLGRA P58AUS	2253	\$777.00	\$1,712.00
10/21 1	11578839	ZAHFRI P903US	1616	-\$370.00	\$2,082.00
10/27 1	11707641	LORWER P43AUS	1251	\$120.00	\$1,962.00
10/31 24887	60984100	THOLAM P375USPR	8007	\$20.00	\$1,942.00

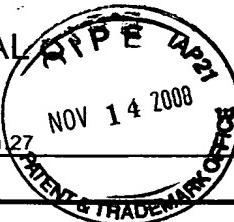
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under 37 CFR 1.16 and 1.17**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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Fees Paid (\$)

Request for Continued Examination (LARGE) ..... \$810**SUBMITTED BY**

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